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IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Stuart Thomas Tyson DATE March 14, 89 PERMIT NO. _____

PHONE: Business _____ Home _____

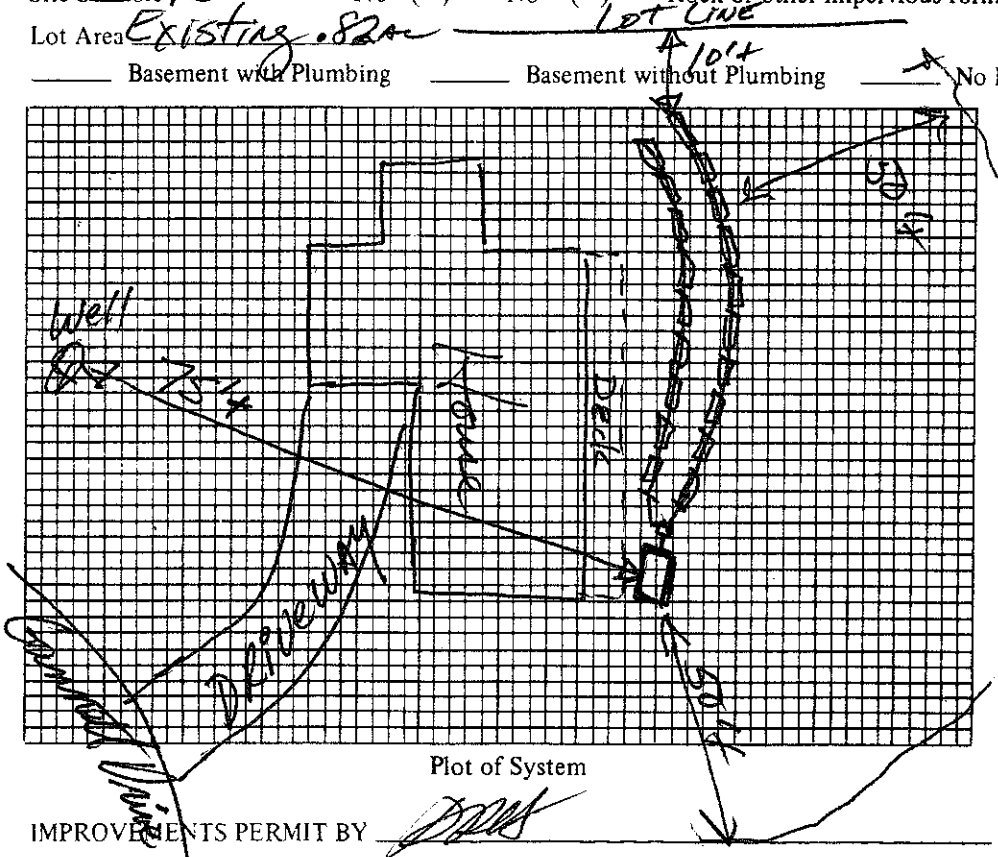
LOCATION 1100 TR 1113 (Old Old Point) TR Garnett Drive
N. 3mile on Right S. R. No. _____

SUBDIVISION NAME CLOT LAKE Norman LOT NO. 10 SECTION OR BLOCK NO. 5

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 2½
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable ~~PS~~ Yes ( ) No ( )
Lot Area Existing .82ac

Character & Porosity of Soil clay
Percolation Rate .3-.4
Topography 2-4%
Depth to Water Table 4'+
Rock or other impervious formations none obs.



Plot of System

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. _____ Linear Ft. ~200 ft
Depth of Stone in Lines 16" Trench
Water Supply: Individual ( ) Public ( ). ponds

Installed by J J Erwin

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 3-14-89

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

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300

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Stuart Thomas Lyon DATE Dec. 3, '87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TL 1113 (Club of Pines) TL Gannett Dr. .3 mile on Rt. _____ S. R. No. _____

SUBDIVISION NAME CLAT LAKE NORMAN LOT NO. 10 SECTION OR BLOCK NO. 5

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 2½

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area Existing - .82Ac.

Character & Porosity of Soil clay

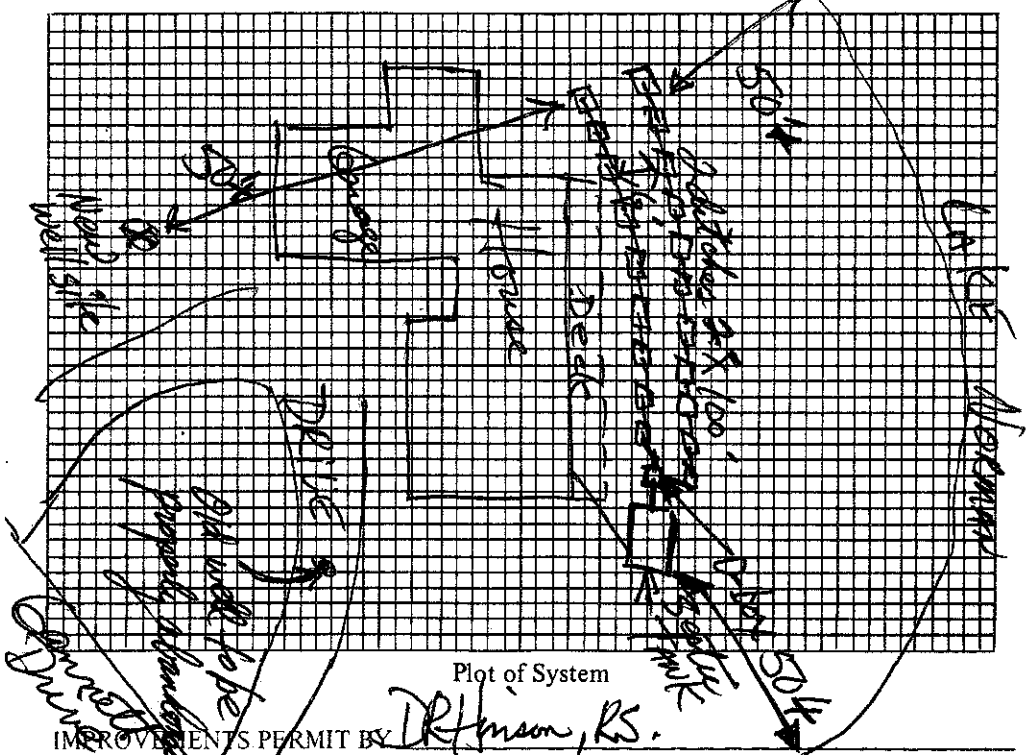
Percolation Rate .3-.4 Sub/ft²/day

Topography 2-6%

Depth to Water Table 4 ft

Rock or other impervious formations Lots of scattered rock

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. _____ Linear Ft. 200' ea

Depth of Stone in Lines 16" Top

Water Supply: Individual (✓) pave gravity flow

Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: S T Lyon

IMPROVEMENTS PERMIT BY D R Hinson, RS.

COMMENTS: _____

Install drainfield no deeper than 30" to the bottom of the ditch. Leave as much area as possible for future repair.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold